



INCORPORATED VILLAGE OF LAKE GROVE  
OFFICE OF THE FIRE MARSHAL  
980 HAWKINS AVENUE  
POST OFFICE BOX 708  
LAKE GROVE, NEW YORK 11755  
VOICE: (516) 807-6412 FAX: (631)-981-0965

DATE OF INSPECTION

**FIRE ALARM SYSTEM  
CERTIFICATE OF FITNESS AND TESTING**

**NOTE THIS FORM IS THE ONLY ACCEPTED PROOF OF INSPECTION BY THIS OFFICE.**

**WARNING:** YOU ARE REQUIRED TO NOTIFY THIS OFFICE, THE FIRE DEPARTMENT AND ALL OCCUPANTS THAT YOU ARE TESTING **BEFORE** COMMENCING WITH SAME. SHOULD ANY AGENCY BE CALLED TO RESPOND AS A RESULT OF YOUR FAILURE TO COMPLY, LEGAL ACTION WILL BE TAKEN AGAINST YOU.

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**ALL INFORMATION IS TO BE LEGIBLY PRINTED OR TYPED**

ESTABLISHMENT NAME: _____		
ADDRESS: _____		
NAME OF REP/AGENT FOR BUILDING PRESENT: _____		
NATURE OF THIS VISIT BY YOUR FIRM: _____		
TYPE OF SYSTEM: _____ HAS OCCUPANCY CHANGED SINCE LAST TEST: _____		
NAME OF CENTRAL STATION: _____		
CENTRAL STATION ADDRESS: _____		
CENTRAL STATION PHONE NUMBER: _____		
FIRE DEPT NAME & PHONE NUMBER BEING CALLED BY CENTRAL STATION: _____		
<b>INSPECTION OUTCOME-CHOOSE ONLY ONE ANSWER</b>		
<input type="checkbox"/> System and all devices tested and functioned as per manufacturers specification and applicable codes. This includes all music shunts.		
<input type="checkbox"/> All devices were tested but problems were noted. These problems were all corrected at which point the system was retested and all devices functioned as per manufacturers specification and applicable codes. (attach invoice and related paperwork).		
<input type="checkbox"/> All devices tested and the problems indicated below were noted-preventing us from certifying this system as being in compliance with New York State Law. (attach copies of all invoices and paperwork). This includes refusal of owner/operator to allow repairs.		
NAME OF INSPECTING FIRM: _____ NYS LICENSE #: _____		
ADDRESS OF INSPECTING FIRM: _____		
PHONE NUMBER OF INSPECTING FIRM: _____		
<small>CERTIFICATION: I am an employee of the inspecting firm listed above and have been properly trained to inspect, maintain and repair fire alarm systems. By signing my name to this document, I hereby certify and attest that the above information is factual and true and that the inspection and repairs were done in accordance with the manufacturers specifications, the New York State Fire Code, Lake Grove Village Code (chapter 89) and the latest edition of NFPA 72. This certification does NOT imply that any items requiring daily, weekly, monthly or quarterly inspection or testing were performed at specified intervals, but DOES imply that all such items were tested/inspected and functioned as noted in this certification at the time of my inspection. THIS INCLUDES PHYSICALLY TESTING ALL MUSIC AND FAN SHUNTS. I hereby certify that this inspection has been properly conducted and that all of the above statements are true and correct to the best of my knowledge. I am fully aware that any false statements made herein are punishable as a misdemeanor pursuant to Section 210.45 of the New York State Penal Law</small>		
PRINT INSPECTORS NAME	SIGNATURE	DATE

ORIGINAL COPY WITH SIGNATURE IN BLUE OR BLACK INK IS TO BE SUBMITTED TO THIS OFFICE AND A COPY IS TO BE LEFT ON SITE IN OR ABOVE THE FIRE ALARM PANEL.

**OFFICE USE**

FM ASSIGNED: _____	DATE REVIEWED: _____	LGVFM122 REV2/2009
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